

APPLICATION AND LIABILITY WAIVER
CIVILIAN OBSERVER PROGRAM

INSTRUCTIONS	BEFORE COMPLETING THE APPLICATION, PLEASE READ THE PROGRAM RULES AND GUIDELINES ON THE BACK OF THIS FORM. This Application and Liability Waiver is to be completed and signed by the applicant; minors must obtain parental approval. The signed application and waiver is to be forwarded to the DPS office in the area where the observation will take place. After completion of a criminal/records check, the application will be reviewed by the Area Supervisor and forwarded to the District Commander for approval. Approval by the respective District Commander must be obtained <u>before participation may begin</u> . The Area supervisor will contact the applicant after completion of internal processing.			APPLICANT'S FULL NAME: (Last, First, Middle)
APPLICANT	RESIDENCE ADDRESS: (Street, City, State, and Zip Code)			
	IDENTIFICATION: (No., License, Class, State, Exp.)	Social Security No.	Have you ever been convicted of a felony or are charges pending? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you have any disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____	Are you an Explorer Scout? <input type="checkbox"/> Yes <input type="checkbox"/> No Post No. _____	Are you a Certified Peace Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No Agency: _____	
	If applicant is an off duty DPS employee or Reserve Officer, add ID number, title and location code:		Supervisor's Approval Date: _____	
PURPOSE	Are you presently using any drugs and/or have you ever been arrested on any drug or narcotic related charges? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	Briefly explain why you wish to participate in the Observer Program: _____ _____ _____			
TOUR	I request to ride with an officer during the following tour of duty:			
	Date: _____ Beginning Time: _____ Ending Time: _____ District: _____ Area: _____ Officer: _____			
LIABILITY WAIVER	LIABILITY WAIVER			
	As a participant in the Arizona Department of Public Safety's Observer Program, I agree to abide by all program rules and guidelines and to the following: 1. To release and hold harmless the State of Arizona, its employees and agents, from any and all liability for any damage to personal property or injury sustained while accompanying a DPS officer in the line of duty, regardless of the cause of such damage or injury, whether through negligence or otherwise. 2. That this release of liability shall apply to any right of action that might accrue to myself, my parents or guardians, my heirs or any other personal representative. 3. To assume all risks when accompanying a DPS officer while on-duty and/or while riding in a state-owned vehicle, knowing of the personal danger involved. 4. This waiver and release of liability shall be in effect for a period of 90 days commencing with the date of execution and subsequent District Commander's approval.			
SIGNATURE	I HAVE READ THE PROGRAM RULES AND GUIDELINES ON THE BACK OF THIS FORM AND THE ABOVE LIABILITY WAIVER. I UNDERSTAND AND AGREE TO ABIDE BY THEM.			
	APPLICANT'S SIGNATURE _____ DATE _____		As parent/guardian of the applicant under 18 years of age, I grant permission for his/her participation.	
	WITNESSING DPS EMPLOYEE OR NOTARY PUBLIC _____		DATE _____	
NOTARY, My commission expires: _____				

DATE OF BIRTH: _____
TELEPHONE NUMBERS:
Home - () _____
Work - () _____

OBSERVER PROGRAM RULES AND GUIDELINES

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PROGRAM RULES AND GUIDELINES

1. Written parental approval is required for unmarried persons under 18 years. Parental endorsement must be notarized or witnessed by a DPS employee.
2. Persons under 16 years of age may not participate except for members of an organization recognized by the Department.
3. Participation may not be approved if: applicant, over 18 years, does not have proper identification; applicant's driver's license is suspended or revoked; a warrant for applicant's arrest has been issued; or applicant has been convicted of a felony.
4. Observer dress must be in good taste and consistent with department standards. Female observers must wear pants/slacks. Dresses, skirts and shorts are not permitted.
5. Firearms or other weapons shall not be carried by a civilian observer. Certified law enforcement officers from other agencies must have the approval of the District Commander before carrying a weapon while riding with a DPS officer.
6. The observation ride may be terminated by the officer at any time due to hazardous conditions or observer misconduct. The observer may request to terminate the ride at any time and the officer will honor the request as soon as it is practical to do so.
7. For personal safety, the observer must follow the directions of the officer, particularly in the event of unusual or hazardous conditions.

RECORD OF PARTICIPATION

Before each observation ride, the applicant must sign this record of participation to reaffirm acknowledgement and understanding of the program rules, guidelines and Liability Waiver. The respective Area Supervisor or designate must approve before any civilian may ride.

	DATE	OBSERVER'S SIGNATURE	AREA SUPERVISOR/DESIGNATE	OFFICER'S BADGE NO. & INITIALS
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

BACKGROUND

FOR DPS USE ONLY: The DPS Area Supervisor will check the following to determine if the applicant meets the criteria for participation:

- | | |
|---|---|
| <input type="checkbox"/> Application completed and signed | <input type="checkbox"/> If under 18 years, parental permission signed and witnessed |
| <input type="checkbox"/> Identification valid | <input type="checkbox"/> No suspensions/revocations <input type="checkbox"/> No outstanding warrants <input type="checkbox"/> No felony convictions |

Remarks: _____

APPROVALS

Area Supervisor	Badge	Location Code	Date
District Commander	Badge	Date	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove
Additional Remarks: _____ _____ _____ _____ _____ _____			